



**CONSULATE GENERAL OF THE
UNITED STATES OF AMERICA**

American Citizens Services
Private Bag 92022
Auckland, New Zealand
Ph (09) 303 2724 extn 225/226 Fax: (09) 366 0870

January 28, 2003

The Department of State requested this message be conveyed to all Americans Overseas.

Among the highest priorities of the Department of State and our missions abroad is the safety and security of locally-resident Americans overseas. In the past year the Department has intervened to assist in the evacuation of Americans from half a dozen countries throughout the world, as a result of serious political or economic unrest, natural disasters, and terrorist attacks. Hundreds of expatriate Americans each year are forced by personal emergencies (e.g. death or illness in the family) to return to the U.S. on short notice. Evacuations, especially under crisis conditions, are inevitably very disruptive and distressing for those involved. The State Department routinely provides standard advice to its employees on prudent steps to take to ensure they would be prepared in the event of such as evacuation. This and other advice on crisis preparedness is available on the Department's web site at [HTTP://TRAVEL.STATE.GOV](http://TRAVEL.STATE.GOV), and we are summarizing the principal points below. The Embassy/Consulate commends these elementary steps to you for your careful consideration.

- Assemble all vital documents such as passports, birth and marriage records, vaccination, insurance and bank records in one readily accessible location;
- Check to be sure that your passport and any necessary visas are valid and that you are registered at the Consulate General with your current address and phone number. If you need to obtain a new passport or to update your registration, please do so at the Consulate General in Auckland as soon as possible. Visa processing can take several weeks. Immediate family members should keep their U.S. visas current, and apply for visas with as much time in advance of planned travel as possible.
- Make or update as necessary a complete inventory of your household effects, in duplicate.
- Maintain an adequate supply of food, water, and necessary medications in your home. Make sure your car is good working order. Keep the gas tank full and check oil, coolant, tires, and battery.

We do not want American citizens to become unduly alarmed. These are precautionary measures only. Given the potential for acts of violence, terrorism, or anti-American demonstrations, we believe it is important for all citizens to maintain readiness for all possibilities in case of an emergency. We will promptly inform you of any significant developments and advise you accordingly.

The Department of State encourages all American citizens residing abroad to register their presence and obtain up-to-date information on security conditions at the Consulate General in Auckland, Private Bag 92022 Auckland Ph: 09-303-2724 extn: 225/226/250 Fax: 09-366-0870 or on-line: aucklandacs@state.gov.

Please share this message with your American Friends and colleagues.

Best Regards

Douglas Berry
Consul



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The Consulate General in Auckland is reviewing its register of American citizens residing in New Zealand and in order to keep the records up-to-date, it would be appreciated if you would complete the items listed below and return to the above address.

REGISTRATION RENEWAL

NAME & BIRTH	
Surname:	First Names:
Date of Birth:	Place of Birth:
Gender: Male / Female	
PASSPORT & SOCIAL SECURITY	
U.S Passport Number:	Date of Issuance:
Place of Issuance:	
Social Security Number:	
ADDRESS & PHONE DETAILS	
Local Address:	
Phone Number:	Cell Phone Number:
Email Address:	
U.S Address:	
Phone Number:	Cell Phone Number:
Length of Stay in New Zealand:	
FAMILY MEMBER LIVING IN HOUSEHOLD	
Surname:	First Names:
Date of Birth:	Place of Birth:
U.S Passport Number:	Date of Issuance:



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Place of Issuance:

Social Security Number:

FAMILY MEMBER LIVING IN HOUSEHOLD

Surname:

First Names:

Date of Birth:

Place of Birth:

U.S Passport Number:

Date of Issuance:

Place of Issuance:

Social Security Number:

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Surname:

First Names:

Date of Birth:

Place of Birth:

U.S Passport Number:

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PRIVACY ACT STATEMENT

The information requested on this form is solicited pursuant to Section 2658 of Title 22 of the United States Code, Section 71.1 of Title 22 of the Code of Federal States Code, and Executive Order 11295 of August 5, 1966. The principal purpose for this information is to create an official record of United States citizenship which will enable Consular and Diplomatic Officers to furnish promptly and efficiently all services which are inherent right and privilege of such citizenship. Specific purposes of the collection of this information include:

1. Establishment of citizenship;
2. Establishment of entitlement to a U.S. passport;
3. Issuance of Reports of Birth to a citizens' children born abroad;
4. Dissemination of information concerning nationality laws that might affect the nationality status of the registrant;
5. Establishment of entitlement to services consistent with United States citizenship in event of the registrant's death;
6. Protection of and assistance to U.S. citizens abroad particularly in emergency situations.

This information is made available on a need-to-know basis to personnel of the Department of State and as a routine use to other Government Agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, and to Wardens designated by Consular Officials at U.S. Embassies and other Foreign Service Posts.

Furnishing the information on this form is voluntary, but failure to do so may preclude or impair U.S. Government Officials or other designated representatives from providing the services described in the first paragraph of this statement.



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In accordance with the Privacy Act (PL-93579) passed by Congress in 1974, the Consulate General cannot release any information regarding you that is not considered to be in the public domain, to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below specifying whom the Consulate General may contact and release information to with regard to your case. Please return the completed authorization to the Consular Officer or to the above address.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER
THE PRIVACY ACT**

I, _____ (Name), do hereby authorize the Consulate General of the United States of America at Auckland, New Zealand, and the Department of State to release any information regarding my welfare / whereabouts to the following:

A. Please complete the names and details of person(s) you wish the Consulate to contact:

CONTACT	
Surname:	First Names:
Address:	
Phone Number:	Cell Phone Number:
Email Address:	Relationship:
CONTACT	
Surname:	First Names:
Address:	
Phone Number:	Cell Phone Number:
Email Address:	Relationship:
CONTACT	
Surname:	First Names:
Address:	
Phone Number:	Cell Phone Number:



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Email Address:	Relationship:
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B. In the event other persons request information regarding my case information
can be released to the following:

YES	NO	Family
YES	NO	Media
YES	NO	Congress
YES	NO	Legal Representative
YES	NO	Medical
YES	NO	Other

Information will only be released under item B if required and if we have your authorization.

(Signature) (Date)

(Place)